

# APPLICATION FORM

MAY BE REPRODUCED AS NECESSARY

## TOPICAL RESEARCH INTERN PROGRAM (TRIP) DEFENSE EQUAL OPPORTUNITY MANAGEMENT INSTITUTE PATRICK AFB, FLORIDA

|   |             |                            |
|---|-------------|----------------------------|
| 1. Last Name:   | First Name: | M.I.:                      |
| 2. Rank/Grade:  | Duty Title: | Security Clearance:        |
| 3. Branch of Service: (CIRCLE APPROPRIATE RESPONSES) USA USN USMC USAF USCG Army Reserve Army Guard Air Force Reserve Air Guard Navy Reserve Marine Reserve Coast Guard Reserve Other |             |                            |
| 4. Official mailing address:  |             |                            |
|   |             |                            |
| 5. Official e-mail address:   |             |                            |
| 6. Commercial duty telephone number:  |             | DSN duty telephone number: |
| 7. Commercial Fax number:   |             | DSN Fax number:            |
| 8. Organization:  |             |                            |
| 9. Occupational specialty (please describe):  |             |                            |
| 10. Degrees earned (indicate dates, major and minor fields of study, and honors earned):  |             |                            |
|   |             |                            |
|   |             |                            |
| 11. Colleges or universities attended (enclose non-official copies of transcripts):   |             |                            |
|   |             |                            |
|   |             |                            |
| 12. Dates, position titles, and organizations in which you served (indicate any experience in the work force diversity field):  |             |                            |
|   |             |                            |
|   |             |                            |
|   |             |                            |
| 13. Describe your research background (include any publications you authored and/or those to which you may have contributed):   |             |                            |
|   |             |                            |
|   |             |                            |
|   |             |                            |
| 14. Any other information bearing on your selection for the TRIP:   |             |                            |
|   |             |                            |
|   |             |                            |
|   |             |                            |
| 15. Preferred dates for internship (30 consecutive days):   |             |                            |
| 16. On an attached sheet, in 250 words or less, explain why you are interested in becoming a DEOMI research intern.   |             |                            |

**17. Supervisor's Signature:** \_\_\_\_\_ **Title:**

\_\_\_\_\_

**(typed or printed):**

**Date:** \_\_\_\_\_